## **EXHIBIT E**

UPPER SECTION T	Case Complete	<u>-</u> 00889-TC	R Do	cumen	t 85-7	File	ed 01/2	22/1	9 Pa	ge 2 of	6	
YEAR DIST. OF OCCIT	D.C. NO			EN'S C	OMPLA	INT	OISTRIC		į	SECTOR		50894
15 12	153		PHI	LADELPHIA POLICE		-	70			<del></del>	<u> </u>	
CLASSIFICATION	27011			DEPARTMENT DIST/UNIT/ Print Legibly				ICY	8	1	PORT DATE	
SIGNATURE OF PERSON RECEIVING COMPLAINT Badge				PERSON NOTIFIED (PA.B.)  DATE AND TIME NOTIFIED  I.A.D. CC							ED I.A.D. COMP.	
SIGNATURE OF FERSON	HEDENING COMPER	iii Duuge		DK	. m	$\tilde{\Omega}$	101	#20	23	9/11/1	5,11	:11AM 13-568
	CITIZEN M	AKING CO	OMPLA	AINT TO	) COI	1PLI	ETE BA	ALAI	VCE C	OF REPO	OKT	
COMPLAINANT'S NAME		First	Initial	1 0 0								
Hum	TOY I	WAC _		OCCUPATION PHONE 2/5								
AGE RACE	2   SEX (n) 0	F VOIZY		OCCUPATION								(Bus 277508
NAME OF ALLEGED VIC		101211		ADDRESS			·····					PHONE (Home)
												(Bus.) PHONE
NAME OF ATTORNEY/INT	ERPRETER/PERSON AS	SISTING COMPLAIN	IANT	ADDRESS							-	(Home) (Bus.)
NAME (S) OF OTHER WIT	NESSES Last	First	Initial	ADDRESS	,,,			,	, <del></del>			PHONE (Home)
												(Bus.) PHONE
				ADDRESS								(Home)
E - MAIL ADDRESS				ADDRESS				····				(Bus.) PHONE
E - MAIL ADDRESS												(Home) (Bus.)
NAME (S) OF OFFICER (S	S) COMPLAINED AGAIN	IST (If Known)		RANK		BADG	E		DISTRICTA	TINU	ASSIGNN	MENT (Foot/Auto/Det.)
	UEIOLET I	WEIGHT	<del> 1 :-</del>	HAIR	EYES	Щ	SEX	AGE	(Approx.)	RACE		OTHER
DESCRIPTION	HEIGHT	WEIGHT		HAIR	2120		SEX M		,,			
NAME				RANK		BADG			DISTRICT/L	TINL	ASSIGN	MENT (Foot/Auto/Det.)
			<del></del>	1		L	0574	1 405	(Approx.)	RACE		OTHER
DESCRIPTION	HEIGHT	WEIGHT		HAIR	EYES		SEX M	AGE	(Арргох.)	75.02		- , , , <del>-</del> , , , , , , , , , , , , , , , , , , ,
IN DETAIL, STATE W	HAT OCCURRED IN	CLUDING DATE	AND TIM	E OF OCC	URENCE	AND L				.A		
DATE: 9-13-	15											
TIME: 11:55	PM			•								
LOCATION: 1 2 4	125,	5-15+	5 +>	<b>-</b> .								
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												•
	•	•								$\bigcirc$		
(If Additional Space Is Required, Use A Continuation Report (75-51) AC 15-025												
THE ABOVE INFORMATION	ON 10 TRUE AND COR		al Space	Is Require	d, Use A C	ontin	uation Re	port (7		TIME COMP	LAINT M	IADE
THE ABOVE INFORMATIO	AN IS THUE AND CUM	neo i										A.M. P.M.
Signature of Complain									AGENCY			
TYPED NAME OF PERSO	ON PREPARING REPOF	RT/AND SIGNATUR	E	•	•				AGENUT			·

75-561 (Rev. 2-11)

COMPLAINT# 15-035

(1) Complainant's Name	(2) Address (If your address changes, please contact PAC at 215-686-3991)
Darus Leo.	n Hunter (3) Zip Code 1242 South 51st street, 1914
(4) Employer/School Chestnut (9) Age (10) Rac	(12) Date of Birth (13) Social Security #:
42 Afican	
(14) Location of Incident 124 (16) Date of Incident 09 1313	$\frac{10/5 - 09/14/2016}{10/5 - 09/14/2016}$
(18) Describe Incident in Detail	Was in my home at approximately
11:59 pm on	Sunday 9/13/15 when I heard someone
Knoching ver	y loudly on my front door. My son.
Darus Hunter	Ir opened the door. When he did, police
officers Naver	and Schutte (As reported by Sat. Melker 12 t district
were Stending o	a my front porch. I asked what they
Wanted, One Jos	the officers asked what time is Khadir
supposed to b	e home on Sundays?" I stated that there
We's no schoo	
returning her	home on Quaday lle lle vill
her up and sh	ined his Challing his
faces (Khedin	M. M. M. C. M. M. C. M.
My airlfriend	with a full street with the street of the st
	The state of the s
MUSTICATE A What	I seid regarding school days and returning
(Use Continuation Sheet if necessary)	Van a \ Cl.
(19) State name, address, phone number(	
Khadira Muhamm	2.0
(20) Name/Badge# of Officer(s)	(21) Car Number
KNOWLINGLY PROVIDING FALSE IN	FORMATION WILL VOID THIS COMPLAINT AND MAY SUBJECT YOU TO A CHARGE OF PERJURY
Signature of Complainant	any houter
	(TO BE COMPLETED BY THE POLICE ADVISORY COMMISSION)
Date/Time Received	Intake Person WM Source W/I
REC'D SEP 1 8 2019	City of Philadelphia Police Advisory Commission P.O. Box 147 Philadelphia, PA 19105-0147 215-686-3991  POLICE Advisory Commission P.O. Box 147 Philadelphia, PA 19105-0147 Philadelphia, PA 19105-0147
	$H^{i,t}$

COMPLAINT# 15-025

(1) Complainant's Name	Date of Incident	Time of Incident	AM/PM
my child to	her home.	The officers	then returned to
my home a	+ approximet	elv 1:00 2m	. ear in Knocking on
My door ve	cy Violently	I and aggress	
Kénya J.	Shujea bé	gen preting	the door when on
of the off	icers push	ed the door	into her, as she
wes opening	it. I aske	d the office	er " What the hell
ace you doi	ng?"He	asked "Oh	you went to file
a complaint	against m	e cighti" He	again shined his
flesh light in	to my home	e, I have e (a	) Bedroom sportment
end my dev	shter's have	c postrble b	eds which I roll
	ing coom fo	of them to	sleep in I and my
girltriend cal	led 911 30	verel times th	rough the ordeal. I
Stated that I	weth ted to		plzint and Twes
to 0 to c211	me 12 als	trict. I did	1 c2/ several times.
The officers		& third time	
1:30 em. 11	ney braged		Ked My door
Several time			wanted the office
esked whether	o not		rublem with nim.
I called the	LK ) (	Wented him	to leave us alone,
1 called the	12th distr	ict and Sta	ted that I wented
Melner, Tt		nd web dire	cted to a sqt.
(C)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	and resked for the
officers nam			needed to cell
Stated that I	to get the needd to	get the off	emes. The 911 operate
The above information is correct and to		) INE O'F	11701m2/10/1
Signature of Complainant			

REC'D SEP 1 8 2015

City of Philadelphia Police Advisory Commission P.O. Box 147 Philadelphia, PA 19105-0147 215-686-3991

## CITIZEN'S COMPLAINT/REPORT CONTINUATION SHEET

COMPLAINT# 15-025

(1) Complainant's Name	Date of Incident	Time of incident	AM/PM
from the 12th	district. I	then calle	d the 12th district
egein and wa	es directed	to Syt. N	lelner. He told me
egein, that	I needed to	C211911	in order to file
e compleint. I	called 911 6	easin and	esked for a
Supervisor. =	I was dire	cted to	& Sat. Hameen
(police Redio #	358) who to	old me the	t Sat, Melner
is lying and	he would ha	ve the off	icers information
I again calle	d the 12th	district e	nd egain spoke
WITH Sat. Me	Iner. He ea	/	
CEII 911 12 010	lec to get	the officer	s nemes, I told
	meen had to	ld me and	stated that he
had giron me	his police	redio num	ber. He then told
me that the a	Hicers name		evedo and Schutte
My girl+crep d	11 = 16 h 11	rned to	bed. The following
	anter knedis	- 1 1 1 1.	me why the
police had pa	evi there? I	told her	that her mothy!
talked with an	d they had	mede 2 mis	
()n 09/14/2015	my girl+rie	nd Kenya	1. Shujaz who
Was 18 Weeks	presnant a	1	61 11
discharge ot		on her leg	. She continued
to notice this	tor the next	couple of	clzys. We did no;
initially think	the dischas	30 W25 2	7 71 0 11
On 09/16/2015	, she begen		ery printull cramp
1, 1	nd she was	transporte	1 1 1 1 1 1
Mercy hospital		nen teken	to HUP (hospital at UP.
The above information is correct and true			·

REC'D SEP 1 8 2015

Signature of Complainant\_

City of Philadelphia Police Advisory Commission P.O. Box 147 Philadelphia, PA 19105-0147 215-686-3991

-	COMPLAINT#,		6.5
	.#COMPLAINT 15	•	$\mathcal{O}$

(1) Complainant's Name	Date of Incident		Time of Incident	AM/PM	
where the			to 12 hos	end d	elivery. She
experience	sed e misc	2112ige	. The mi	s cerrizge	wes e
result of	her emni	utic's	oc havi	19 lost	too much
fluid to	support ou	r deve	loping be	by.	·
	1 1			/	
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			. :		
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	-				
	:				
					· · · · · · · · · · · · · · · · · · ·
(T) 1					
The above information is cor Signature of Complainant	rect and true				

REC'D SEP 1 8 2015

City of Philadelphia Police Advisory Commission P.O. Box 147 Philadelphia, PA 19105-0147 215-686-3991